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EDUCATIONAL PREPARATION FOR NURSE PRACTITIONERS AND ASSISTANTS TO NURSES, A POSITION PAPER.

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THE ASSOCIATION'S FIRST POSITION PAPER ON NURSING EDUCATION WAS PREPARED BY ITS COMMITTEE ON EDUCATION AFTER 2 YEARS OF STUDYING THE MAJOR CHANGES AND TRENDS IN AND AROUND NURSING, ESPECIALLY AS THEY AFFECT PATIENT CARE. THE ASSOCIATION BELIEVES THAT--(1) EDUCATION FOR ALL WHO ARE LICENSED TO PRACTICE NURSING SHOULD TAKE PLACE IN INSTITUTIONS OF HIGHER EDUCATION, (2) AT THE PRESENT TIME, MINIMUM PREPARATION FOR BEGINNING PROFESSIONAL PRACTICE SHOULD BE BACCALAUREATE DEGREE EDUCATION IN NURSING, (3) AT THE PRESENT TIME, THE MINIMUM PREPARATION FOR BEGINNING TECHNICAL PRACTICE SHOULD BE ASSOCIATE DEGREE EDUCATION IN NURSING, AND (4) EDUCATION FOR ASSISTANTS IN THE HEALTH SERVICE OCCUPATIONS SHOULD BE SHORT, INTENSIVE PRESERVICE PROGRAMS IN VOCATIONAL EDUCATION INSTITUTIONS RATHER THAN ON-THE-JOB TRAINING PROGRAMS. THE ASSOCIATION'S POSITION ON NURSING EDUCATION HAS IMPLICATIONS FOR NURSING EDUCATION, PRACTICE AND SERVICE AND FOR AUXILIARY WORKER TRAINING--(1) THE MOVEMENT OF NURSE TRAINING INTO COLLEGES AND UNIVERSITIES REQUIRES THAT THE INSTITUTIONS ACCEPT RESPONSIBILITY FOR EXPANDING FACILITIES AND FACULTIES TO MEET THE EXPECTED APPLICANT INCREASE, PREPARING BOTH TECHNICAL AND PROFESSIONAL NURSE PRACTITIONERS, AND CARRYING ON CONTINUING EDUCATION, ADVANCED STUDY, AND RESEARCH PROGRAMS, AND (2) THE INCREASING COMPLEXITY OF PRACTICAL NURSE WORK INDICATES THAT THEIR PRESENT TRAINING PROGRAMS BE REPLACED BY PROGRAMS FOR BEGINNING TECHNICAL NURSING PRACTICE IN JUNIOR AND COMMUNITY COLLEGES. THIS DOCUMENT IS AVAILABLE FOR 50 CENTS FROM AMERICAN NURSES' ASSOCIATION, 10 COLUMBUS CIRCLE, NEW YORK, NEW YORK 10019. (JK)

Education for those who work in nursing should take place in institutions of learning within the general system of education.

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EDUCATIONAL PREPARATION
FOR
NURSE PRACTITIONERS
AND ASSISTANTS TO NURSES

A POSITION PAPER

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AMERICAN NURSES' ASSOCIATION

•••• foreword ••••

With the issuance of this statement on the educational preparation required for nursing, the American Nurses' Association has moved to provide direction for improving both the system of nursing education and the service of nursing practitioners. In so doing, the organization affirms its belief that unless all nursing education is upgraded, nurses will be handicapped in efforts to provide patient care encompassing advances made possible by the expansion of scientific knowledge.

Not only has scientific knowledge expanded, but the pace of this expansion is accelerating. As a result, changes in health care concepts and therapies occur more rapidly than at any previous time. Society will continue to increase its demand for more and better health care services.

Further, as society aspires to higher educational achievement, our government has legislated massive programs of assistance to education. In 1956 Congress passed the relatively modest professional nurse traineeship program, and in 1964 the comprehensive Nurse Training Act was signed into law.

It is within this framework that ANA has undertaken the study and examination of nursing education, the nature and characteristics of nursing practice, and the scope of preparation and responsibilities of nurses. Publication of this position paper reinforces the professional association's interest in and responsibility for working to raise standards of nursing education.

This document sets forth the professional nursing association's position concerning the education necessary for the practice of nursing. Statements providing further amplification and specificity and treating other areas of education for nursing will follow.

The position paper recognizes the realities of today and sets directions for the future. It points up the need for the upgrading of all educational programs to encompass new scientific knowledge and to enrich nursing care. It describes the nature of basic education which should be offered to students who will be joining nurses now in practice. It gives the foundation for effecting needed change in an orderly, constructive way.

Its implications reach far beyond nursing — to colleges and universities, to hospitals, to physicians and other health practitioners, and to all those concerned with the providing of nursing service to the public. The association looks to other professional health care disciplines for cooperation and collaboration in instituting the changes that will ultimately bring better nursing care to the public and better prepared nurses to the health team.

Jo Eleanor Elliott
President
AMERICAN NURSES' ASSOCIATION

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What nursing is today and what it will be tomorrow is one of the chief concerns of the American Nurses' Association. This paper, the association's first position paper on education for nursing was prepared for the association by its Committee on Education which for the past two years has been studying the major changes and trends in and around nursing, especially as these affect patient care.

Ever since its founding in 1896, the association has made clear its responsibility for determining the scope of nursing practice and assuring the public that those who practice nursing are competent. These efforts are obvious in the association's major activities: promoting sound licensing legislation; assisting in the development of licensing examinations; setting standards for nurses' professional registries and for organized nursing services; conducting surveys and studies of nursing service and nursing education; and helping nurses improve their practice through institutes, meetings, publications, and conventions.

The current explosion of knowledge affecting health practices, the increasing level of education in the United States, and public demand for more health care, make it mandatory for the association at this time to examine again its position on the nature and scope of nursing practice and the type and quality of education needed by nursing practitioners.

•••• assumptions ••••

The premises or assumptions underlying the development of the position are:

- Nursing is a helping profession and, as such, provides services which contribute to the health and well-being of people.
- Nursing is of vital consequence to the individual receiving services; it fills needs which cannot be met by the person, by the family, or by other persons in the community.
- The demand for services of nurses will continue to increase.
- The professional practitioner is responsible for the nature and quality of all nursing care patients receive.
- The services of professional practitioners of nursing will continue to be supplemented and complemented by the services of nurse practitioners[1] who will be licensed.
- Education for those in the health professions must increase in depth and breadth as scientific knowledge expands.
- The health care of the public, in the amount and to the extent needed and demanded, requires the services of large numbers of health occupation workers, in addition to those licensed as nurses, to function as assistants to nurses. These workers are presently designated: nurses' aides, orderlies, assistants, attendants, etc.
- The professional association must concern itself with the nature of nursing practice, the means for improving nursing practice, the education necessary for such practice, and the standards for membership in the professional association.

[1] The specific meanings of certain terms used in this paper are:
Nurse practitioner: any person prepared and authorized by law to practice nursing and, therefore, deemed competent to render safe nursing care.
Nursing service: the system through which the services of nurse practitioners and their assistants are made available to those in need.
Health facilities: a specially designed place where people receive health instruction and care.
Health service occupations: defined by the U.S. Office of Education as those occupations that render supportive services to the health professions.
Preservice preparation: an organized program of instruction received prior to employment.
Inservice education: an organized program of instruction during employment.

•••• position ••••

Education for those who work in nursing should take place in institutions of learning within the general system of education.

Nursing practice has become complex and will continue to become even more so. The conditions of nursing, as that of any other professional service, are determined by the structure of society and its prevailing values.

To point out that the practice of nursing has changed in the last 20 years is to point out the obvious. Major theoretical formulations, scientific discoveries, technological innovations, and the development of radical new treatments in recent years have produced marked changes in health practices. The knowledge needed by the nurse practitioner today differs greatly from that needed 20 or even 10 years ago. She is now being required to master a complex, growing body of knowledge and to make critical, independent judgments about patients and their care.

It is recognition of this need for mastery of a complex body of knowledge, and the continuing need to learn and improve practice, that has led the association to believe that:

The education for all those who are licensed to practice nursing should take place in institutions of higher education.

PROFESSIONAL NURSING PRACTICE The essential components of professional nursing are care, cure, and coordination. The care aspect is more than "to take care of," it is "caring for" and "caring about" as well. It is dealing with human beings under stress, frequently over long periods of time. It is providing comfort and support in times of anxiety, loneliness, and helplessness. It is listening, evaluating, and intervening appropriately.

The promotion of health and healing is the cure aspect of professional nursing. It is assisting patients to understand their health problems and helping them to cope. It is the administration of medications and treatments. And it is the use of clinical nursing judgment in determining, on the basis of patients' reactions, whether the plan for care needs to be maintained or changed. It is knowing when and how to use existing and potential resources to help patients toward recovery and adjustment by mobilizing their own resources.

Professional nursing practice is this and more. It is sharing responsibility for the health and welfare of all those in the community, and participating in programs designed to prevent illness and maintain health. It is coordinating and synchronizing medical and other professional and technical services as these affect patients. It is supervising, teaching, and directing all those who give nursing care.

Professional nursing practice is constant evaluation of the practice itself. It provides an opportunity for increasing self-awareness and personal and professional fulfillment. It is asking questions and seeking answers—the research that adds to the body of theoretical knowledge. It is using this knowledge, as well as other research findings, to improve services to patients and service programs to people. It is collaborating with those in other disciplines in research, in planning, and in implementing care. Further, it is transmitting the ever-expanding body of knowledge in nursing to those within the profession and outside of it.

Such practice requires knowledge and skill of high order, theory oriented rather than technique oriented. It requires education which can only be obtained through a rigorous course of study in colleges and universities. Therefore,

minimum preparation for beginning professional nursing practice at the present time should be baccalaureate degree education in nursing.

Yet, it is obvious that all of the nursing needs of people cannot be met by the professional nurse practitioner alone. It is recognized that supporting personnel with considerable understanding of theory and a high degree of technical skill in the application of principles are needed to augment the efforts of the professional practitioner of nursing. This is due, in part, to a continuing trend toward specialization in all fields of endeavor and particularly in medical care. New knowledge and new machines almost daily render obsolete what has been learned in the past. The professional nurse practitioner alone cannot master all the measures necessary for the care of patients, nor all of the technology associated with cure. The association, therefore, takes the view that the technical aspects of nursing care and cure will assume even greater importance in the future. Nursing is not alone in this respect: science, engineering, architecture, business, and medicine have all recognized the important contribution which can be made by the technician.

TECHNICAL NURSING PRACTICE Technical nursing practice is carrying out nursing measures as well as medically delegated techniques with a high degree of skill, using principles from an ever-expanding body of science. It is understanding the physics of machines as well as the physiologic reactions of patients. It is using all treatment modalities with knowledge and precision.

Technical nursing practice is evaluating patients' immediate physical and emotional reactions to therapy and taking measures to alleviate distress. It is knowing when to act and when to seek more expert guidance.

Technical nursing practice involves working with professional nurse practitioners and others in planning the day-to-day care of patients. It is supervising other workers in the technical aspects of care.

Technical nursing practice is unlimited in depth but

limited in scope. Its complexity and extent are tremendous. It must be rendered, under the direction of professional nurse practitioners, by persons who are selected with care and educated within the system of higher education; only thus can the safety of patients be assured. Education for this practice requires attention to scientific laws and principles with emphasis on skill. It is education which is technically oriented and scientifically founded, but not primarily concerned with evolving theory.

In many fields technical education long has been accepted as the responsibility of higher education—both junior and senior colleges. The nondegree-granting technical institute slowly is disappearing from the American scene. The movement of all types of education beyond high school into colleges and universities, and the growth and effectiveness of associate degree programs in nursing, are of significance to the nursing profession.

The issue—how the technical worker can achieve the status and prestige needed to perform a proper and vital role—is not an issue for nursing alone, but one which concerns the whole of society. The number of technical occupations is increasing rapidly; the ratio of technicals to professionals becomes larger as knowledge increases and society focuses more on production and distribution. Nursing can wait for the changes in society to alter attitudes and to spur an attack on this issue, or nursing can take the initiative. Therefore,

minimum preparation for beginning technical nursing practice at the present time should be associate degree education in nursing.

In addition to the services of nurse practitioners, people in need of health services require the services of health occupation workers who can function as assistants to nurses. These workers—nurses' aides, orderlies, nursing assistants, and others with on-the-job training—have long

been employed by nursing services to perform delegated tasks in the care of the sick in the hospital. Such workers free the nurse practitioner to concentrate on those functions which she alone is prepared to assume. Because health services today are provided in homes as well as in a variety of organized health facilities, and because all health professions are utilizing the services of these auxiliary workers, hospital training courses conducted by nurses no longer are adequate or appropriate for training this group of workers. The functions of workers assisting in the health fields are sufficiently general in nature to be appropriate to many of the health and helping professions. Therefore,

education for assistants in the health service occupations should be short, intensive preservice programs in vocational education institutions rather than on-the-job training programs.

Most of this preservice preparation must be done by vocational educators who may not necessarily be nurses; if they are nurses, they should meet the qualifications for teaching set by vocational education.

In addition to general preservice preparation, workers assigned to nursing services should be given inservice orientation and on-the-job training to perform specific tasks delegated by nurses. This rule, that on-the-job orientation and continuing inservice education be followed through by the service to which the worker is assigned, should apply not only to nursing services but also to other health services in which these workers will assist.

The current role of government in financing programs to train workers for the health fields requires the nursing profession to enunciate standards for the education of all who share the activities of nursing. It should not, however, require that nursing assume responsibility for the standards and preparation of those who function as assistants to personnel in other health professions.

•••• rationale ••••

Every profession is influenced by its heritage, its immediate problems, emerging societal trends, the nature of its practice, and the extent to which it can realistically enact changes which will permit progress.

HOW THE PAST AFFECTS US If a profession is to direct its progress realistically, it must do so with a full knowledge of the threads of the past which make up today's patterns, of those basic values which it wishes to perpetuate and of those values which, while appropriate at another time or place, are ill-suited to nursing in modern society.

The Judeo-Christian belief in the dignity of the individual has ennobled nursing as it has the whole of western society. And along with all organized humanitarian endeavors, the regression and growth cycles of nursing correspond to the course of the Judeo-Christian ethic of responsibility for one's fellow man.

The first organized nursing services were under the auspices of military and religious groups. As a result, the rigid, authoritarian character of military discipline and the concept of sacrifice and selfless service have long characterized organized nursing, and continue to be fostered. However, the bulk of nursing today is being done by men and women who, in their employment in health institutions or agencies, expect a competitive salary, appreciation, a feeling of worthwhileness, and an operating democratic philosophy; in return, they expect to give as much of themselves as can be safely let go. The imperative demands of the current system of nursing service have led to the misapplication of the concept of sacrifice and selfless service and have resulted in many social injustices to nurses.

Before Florence Nightingale's time there were haphazard islands of nursing scattered across the centuries; she gave to nursing both system and structure. Her vision of nursing and nursing education embraced a number of enduring beliefs. They are worth noting once again both for their inherent worth as principles, and because the profession still is working to achieve them in nursing education programs:

- A school of nursing independent of the service agency, but providing education for service.
- Competent nurse-teachers and well-selected learning opportunities.
- The development of the student as a person.
- The dignity of the patient as a human being.
- The provision of nursing as a community service as well as for institutional care.
- The identification of the basis on which nursing is founded; for example, environmental hygiene and personal care.
- The direction of nursing by nurses.
- The model of the nurse as a person of culture as well as a competent practitioner.

The earliest nursing schools in the United States were independent and adhered to the Nightingale pattern. This pattern did not continue and nursing education has spent a century trying to re-establish the basic premises of the Nightingale school. Although some of these early schools did not survive, those that did lost their independence. Voluntary hospitals expanded at an extremely rapid rate, and schools of nursing with their system of indentured apprenticeship were the cheapest possible answer to desperate staffing problems.

The inadequacy of the hospital system of nursing education to prepare persons for professional nursing practice was recognized by nursing leaders early in the twentieth century, and the call for schools independent of service agencies has formed the basis for self-examination in nursing. The struggle for nursing to control its own destiny—and in so doing provide the best possible service—resulted early in this century in the emergence of nursing organizations concerned with: the passage of sound state licensing laws; extensive studies and surveys of nursing services and of nursing education programs; the lengthening and strengthening of curriculums in nursing; developing accreditation services; and establishing programs in nursing of the same character and scope as that provided in the colleges and universities for those preparing for other professions.

HOW THE PRESENT AFFECTS US Society is rapidly becoming more complex, and it becomes extremely difficult for any one segment of society to move independently in the direction of its self-examination. As social organisms become increasingly complex, the parts of the organism become increasingly specialized. With specialization there is greater interdependence of the parts. The developments in the social, economic, and political spheres of our country are no less significant to the progress of nursing than they are to the progress of other groups in society.

THE CHANGED ROLE OF GOVERNMENT One of the most remarkable changes in society is the growth of centralized government. It is the inevitable sequel to that twentieth century phenomenon which has produced a revolution in our way of life: the centralization of industry.

This growth in functions and activities of government has directly touched nursing in conspicuous ways; the full impact has yet to be felt. The amount of federal money allocated to assist students or programs for the preparation of workers in nursing services has been uneven, but events of the past five years point to increasing allocations at wider levels.

A large federal appropriation ($166 million) permitted expansion of facilities and increased the number of students in registered nurse preparation during World War II. But this Cadet Corps program was a temporary, emergency measure and ended with the war. Beginning in 1956, financial support from federal sources was made available to registered nurses enrolled in colleges to obtain academic preparation for leadership positions in administration, supervision, and teaching. More than 10,000 nurses have received Professional Nurse Traineeship grants to obtain baccalaureate, master's, or doctoral degrees.

Federal funds have also been available to practical (or vocational) nurse

education since 1956, and the Vocational Education Act of 1963 makes permanent provisions for such aid.

The American Nurses' Association has actively sought substantial federal aid to finance nurse education for a number of years and, in 1964, realized the passage of the Nurse Training Act. Although it is still short of the profession's goal, the enactment goes further than previous legislation to support basic preparation for nursing.

The government's wider view, as represented in the Manpower Development Training Act and the Economic Opportunity Act, has weighty implications for the nursing profession. In attacking the persistent societal ills of unemployment and poverty, political philosophy has moved from that of redistributing the wealth of society to one which holds education to be the answer. Joblessness is recognized to be the result of lack of skills, values, and motivation rather than lack of a job. Government is assuming a strong role in determining what skills the labor force needs and in what supply, and then facilitating appropriate education and training to those presently unemployed as well as to those young men and women who cannot or are not qualifying for entry into the adult labor market.

The now chronic shortage of workers in hospitals has identified the health occupations as a field where demand exceeds the supply of trained workers. The Manpower Development Training Act has financed the preparation of thousands of vocational nurses and nurses' aides. The Economic Opportunity Act, now being implemented, was drawn up with health occupations in mind as a job area which can absorb a larger number of workers.

The shape of the occupational group of those who give care to the ill in hospitals has changed, and will be further changed by the entry of great numbers of workers with short-term skill training or vocational education. Nursing itself cannot remain unaffected by the expanding role of government in occupational education.

One other aspect of the new role of government is worth noting. As the education and economic level of the population in the United States has risen, an informed public is demanding consumer protection from unsafe practices in professional and nonprofessional services and goods; government has been added to the armamentarium of a righteous public. We have had ample evidence that where professional groups or services do not so manage their affairs as to put the welfare of citizens ahead of self-interest, the government is asked, sooner or later, to assume the managerial role in the interest of citizens.

THE CHANGING PATTERN OF EDUCATION The great increase in the numbers of young people going to college is widely known; statistics are frequently cited, and the overwhelming predictions for the decades ahead are readily available. This great migration of young people to the college classrooms might be seen as fulfillment of the dreams and beliefs that were always a part of the American frontier. We are near to realizing the traditional ideal of developing a unique educational system, free and open to all regardless of station in life.

This belief has given rise to an education program which has, historically, offered the same curriculum to all persons seeking a particular kind of education, regardless of ability, background, or aspiration. Climbing the education ladder grade by grade and course by course eventually leads to the bachelor's degree. The prestige of the baccalaureate degree instead of vocational or technical competence, and the attitudes toward the baccalaureate degree as a mark of achievement, have their expression in nursing. Although nursing education until very recently has remained outside the mainstream of general education, nurses are all products of 12 years of education experience before entering the education program in nursing.

The increasing availability of college to more and more young people, and the ever-widening opportunities for women in the traditionally masculine business and professional fields have an impact on recruitment into nursing. We must assess realistically the portents of the changing picture in higher education for the recruitment of qualified young people for nursing.

THE CHANGING SCIENCE AND TECHNOLOGY Nursing followed medicine down the route signposted by Pasteur, that intricate labyrinth of pathology and symptomatology of disease in men. Recent direct leadership in nursing, aided by the focus on man's emotional well-being in what is called this age of affluence and anxiety, has enabled the nurse in significant measure to move apart from and farther than the physician in comprehension of and response to the patient as a psychological as well as a physical being. These attributes are being incorporated into her practice. Technological advances in medicine have brought about remarkable innovations in mechanical devices which substitute for, enable, or record body functions. In a time when, as a people, we seem to be embracing the gadgets of our creation and denying human values, the nurse is faced with consequential changes between the beckoning gadgets of medicine and the traditional role of compassionate personal care.

The constant explosion of scientific knowledge makes educational preparation for occupations based on applied sciences more important and more difficult. Thorough, systematic, up-to-date preparation for the job becomes increasingly crucial as the supply of knowledge potentially applicable to man's betterment increases. When scientific knowledge is used effectively as a basis for practice by an occupational group, no practical way of acquiring training can exist except through organized programs within the education system.

Much has been done in nursing to identify essential content which will prepare for intelligent and resourceful action; even so, the scope of the curriculum remains a problem. The knowledge explosion augurs greater difficulty.

CHANGES IN THE HEALTH PROBLEMS OF MAN The diseases suffered, age span, causes of death, and the birth rate of our people are changed greatly from those of a generation ago. The significance to medicine and nursing of the increasing numbers of children and youth, the increase in chronic illness, and the increasing numbers of persons coping with dis-

eases of senescence is not yet fully known. We can expect continued and sharper focus on emotional wellness and illness in the home, at work, in hospitals, and in other community agencies. The patterns of disease and the modes of therapy change far faster than do the institutional structures and systems for health care.

At issue is the place nursing chooses to occupy on this continuum — from the farsighted vision of scientists and seers to the backward-looking posture of the defenders of obsolescence. Our education programs appear to be preparing workers for the existing institutional structures and current practices with scant attention to alternatives emergent or envisioned. More than three-fourths of the curriculums in the majority of schools continue to focus on the nursing of patients who are acutely ill and hospitalized, yet more than 90 percent of persons under health care are neither. Nursing's past, changing patterns of education, advances in science and technology, and changes in the health problems of man all affect the practice of nursing, professional and technical.

•••• implications ••••

It is obvious that the association's first position on education for nursing has implications for present-day nursing education, nursing practice, nursing service, and the training of auxiliary workers.

Responsibility for the education of nurses historically has been carried by hospitals, and the graduates of hospital-based diploma programs comprise approximately 78 percent of nurses now in practice. However, economic pressures on the hospital, and other developments in society, are increasing the movement of nursing education programs into the colleges and universities, the loci of education for all other professions.

In the light of what can be seen at present, it is reasonable to expect that many diploma schools of nursing will participate with colleges and universities in planning for the development of baccalaureate programs; others will participate with junior colleges in planning for the development of associate degree programs. Both senior and junior college programs will need hospitals and other health resources in the community as laboratories.

Colleges and universities not now offering programs in nursing, but having the resources to do so, must be made aware of their responsibility to society to provide education for practitioners in nursing.

Colleges and universities now offering programs in nursing must be made aware of their responsibility to expand facilities and faculties to accommodate the expected increased numbers of applicants. Such expansion, however, can only take place if increased numbers of master clinical practitioners are prepared to assume faculty positions.

Colleges and universities must also determine the distinctions between education which prepares technical nurse practitioners and that which

prepares professional nurse practitioners so that applicants for nursing programs enter those programs for which they best qualify.

In addition, colleges and universities must carry on programs for continuing education, advanced study, and research in nursing in order to provide practitioners with up-to-date knowledge and skill, advance theory, and add to the fund of knowledge in nursing.

Practical nursing has become a major occupational group in a few short years. Practical nurses have made a significant contribution to the care of patients in the absence of adequate numbers of registered nurses. Practical nurses also, more often than not, are expected to carry job responsibilities beyond those for which they are educated. The job demands made on them are those which more nearly approach those for which the registered nurse is educated. Increasingly, more complex activities have been delegated to practical nurses and, increasingly, their preservice preparation has become more complex, requiring a higher level of ability. In some regions, preparation for practical nursing now takes 18 months, and there have been proposals for programs of two years in length, some in junior colleges. The association, therefore, proposes that the nursing profession acknowledge these changes and systematically work to facilitate the replacement of programs for practical nursing with programs for beginning technical nursing practice in junior and community colleges.

•••• conclusion ••••

The ultimate aim of nursing education and nursing service is the improvement of nursing care. The primary aim of each is different.

The primary aim of nursing education is to provide an environment in which the nursing student can develop self-discipline, intellectual curiosity, the ability to think clearly, and acquire the knowledge necessary for practice. Nursing education reaches its ultimate aim when recent advances in knowledge and findings from nursing research are incorporated into the program of study in nursing.

The primary aim of nursing service is to provide nursing care of the type needed, and in the amount required, to those in need of nursing care. Nursing service reaches its ultimate aim when it provides a climate where questions about practice can be raised and answers sought, where nursing staffs continue to develop and learn, and where nurses work collaboratively with persons in other disciplines to provide improved services to patients.

These aims — educating nurses and providing patients with care — can only be carried out when nurses in education and in service recognize their interdependence and actively collaborate to achieve the ultimate aim of both — improved nursing care.

•••• committee on education ••••

The ANA Committee on Education has as its functions to study and make recommendations for meeting the association's specific responsibilities in nursing education; to formulate basic principles of the education essential for effective nursing practice; to study the effect of federal and state legislation in terms of its effect on nursing education and make appropriate recommendations.

ANA members serving on the Committee on Education, 1963-1965

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